Please	type	а	plus	sign	(inside this box	Ø

UTILITY			Attorney Docket No. 36087							
PATENT APPLICATION			First named Inventor or Application Identifier							
	SMITTAL									
			ONFF				99 = 9			
	provisional appli C.F.R. § 1.53(b)	ications E	xpres	ss Ma	il Label No	0.	200			
dilder 37 (2.F.R. 9 1.53(b)		Т	ADDI	ESS TO. A	seigtant Commi	ssioners for Patents			
APP	LICATION EI	LEMENTS				Sox Patent App				
0						Washington, DC				
1. 🛛 Fee Transm	nittal Form				ACCOM	PANYING API	PLICATION PARTS			
2. Specification (Total Pgs. 13)					7. Assignment Papers (cover sheet and document(s))					
3. Drawing(s) (35 U.S.C. § 113) (Total Sheets 1 informal)					8. 37 C.F.R. § 3.73(b) Statement (when there is an assignee) Power of Attorney					
4. Oath or Decl	laration (Tota	al Pages 🗀	1)							
a. Newly ex b. Copy fro	xecuted (orig	inal or co	py)		9. English translation document (if applicable					
C.F.R. § 1.63(d 16 completed) (NOT)	E Box 5 below)	ıl wit)	h Box	10. Information Disclosure Statement					
Signed statement		ing inventor	r(s) n	amed	(IDS)/PTO-1449 Copies of IDS citations					
in the prior appl. 1. (♣(d)(2) and 1.		37 C.F.R. 9			11. Preliminary Amendment					
5. Incorporated by Reference (useable if Box 4b to checked)				12. Return receipt postcard (MPEP 503) (should be specifically itemized)						
The entire disclosure of the prior application, from which a copy of the oath or					13. Small Entity Statement(s) Statement filed in prior					
declaration is supplied under Box 4b, is considered as being part of the disclosure of				application status still proper and desired						
the accompanying			reby							
incorporated by reference herein.				14. Certified copy of priority						
6. Microfiche Computer Program (Appendix)				<pre>document(s)(if foreign priority is claimed)</pre>						
				15. Other						
16. If a CONTING information:	NUING APPLICAT]Continuat:	ion-i	n-pai	rt (CIP) of	prior appli				
			RRES	PONDE	NCE ADDRES					
Customer Numbe	r or Bar Code	Label				or Correspon	ndence address below			
	Insert Cu	stomer No.	or 1	Attac	hed bar co	de label here				
NAME	Mark S. Bick									
	Roylance, Ab	rams, Berd	lo & 0	300dm	an, L.L.P.					
ADDRESS	1225 Connect	icut Avenu	e, N.	. W .						
	Suite 315									
CITY	Washington	STATE	D			ZIP CODE	20036-2680			
COUNTRY	USA	TELEPHONE	(202)	659-9076	FAX	(202) 659-9344			

ASSISTANT COMMISSIONER FOR PATENTS Washington, D.C. 20231

Sir:

Transmitted herewith for filing is the design patent application of Inventor(s): ANGELO T. DONFRANCESCO and NELSON BONILLA For: TERMINAL SYSTEM WITH DEFORMED SCREW

Enclosed are:

- [X] 13 page of specification.
- [X] 1 sheet of informal drawings.
- [] An assignment of the invention to
- [] A Declaration and Power of Attorney form.
- [X] This application is being filed without an oath or declaration and without the filing fee pursuant to 37 C.F.R. § 1.53.
 - [] An associate power of attorney.
- [] A verified statement to establish small entity status under 37 CFR 1.9 and 37 CFR 1.27.

The filing fee has been calculated as follows:

#							OTHER	THAN A
Ĩ.		(Col. 1)	(Col. 2)	SMALL EN	TITY		SMALL	ENTITY
Ũ	. POR:	NO. FILED	NO. EXTRA	_RATE	FEE	<u>OR</u>	RATE	FEE
## ##	BASIC FEE				395	<u>OR</u>		<u>\$790</u>
يلية	TOTAL CLAII	MS 18- 20=	0	<u>x11= \$</u>	ž	<u>OR</u>	x22=	\$
	INDEP CLAIR	MS 3- 3=	0	$\underline{\qquad x41=\ }$	3	OR	<u> </u>	\$
•	[]MULTIPL	E DEPENDENT CL	AIM PRESENTED	+135= \$	<u> </u>	<u>OR</u>	+270=	: \$
	* If the d:	ifference in Co	ol. 1 is less	TOTAL _	<u> </u>	<u>OR</u>	TOTAL	<u> \$790</u>
	than zero	o, enter "0" in	n Col. 2					

[] A check in the amount of \$ __ to cover the filing fee is enclosed.

Dated:

June 26, 1998

Mark S. Bicks

Reg. No. 28,770

Roylance, Abrams, Berdo & Goodman, L.L.P. 1225 Connecticut Avenue, N.W. Washington, D. C. 20036-2680 (202) 659-9076